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**Work Programme 2011**  
**Health Council of the Netherlands**

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# **Work Programme 2011**

## **Health Council of the Netherlands**

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to:

the Minister of Health, Welfare and Sport

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No. A10/06E, The Hague, September 21, 2010

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The Health Council of the Netherlands, established in 1902, is an independent scientific advisory body. Its remit is “to advise the government and Parliament on the current level of knowledge with respect to public health issues and health (services) research...” (Section 22, Health Act).

The Health Council receives most requests for advice from the Ministers of Health, Welfare & Sport, Housing, Spatial Planning & the Environment, Social Affairs & Employment, Agriculture, Nature & Food Quality, and Education, Culture & Science. The Council can publish advisory reports on its own initiative. It usually does this in order to ask attention for developments or trends that are thought to be relevant to government policy.

Most Health Council reports are prepared by multidisciplinary committees of Dutch or, sometimes, foreign experts, appointed in a personal capacity. The reports are available to the public.



The Health Council of the Netherlands is a member of the European Science Advisory Network for Health (EuSANH), a network of science advisory bodies in Europe.



**INAHTA**

The Health Council of the Netherlands is a member of the International Network of Agencies for Health Technology Assessment (INAHTA), an international collaboration of organisations engaged with *health technology assessment*.

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This report can be downloaded from [www.healthcouncil.nl](http://www.healthcouncil.nl).

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## Foreword

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This document describes the Health Council's work programme for 2011. It is traditional that the Minister of Health, Welfare and Sport presents the Council's annual programme to the Dutch parliament on the third Tuesday in September. Once again, the programme covers the full breadth of the public health domain, from health care, prevention and nutrition to environmental health, healthy working conditions and health research. The relevant ministries were consulted about the content of the programme before it was finalised. The views of the Health Council's various standing committees were also sought. Hence, the programme can rely on support from the policy, research and public health communities.

This work programme forms the basis for the Council's activities in the year ahead. As in the last programme period, the Council will endeavour to provide interim advice on important, urgent public health issues whenever it is requested. Moreover, with a new administration taking office in the Netherlands, new health themes are liable to come to the fore. The Health Council is taking this possibility into account and will lend its cooperation. After all, I believe that support for the Council's work rests to a significant extent on our ability to respond appropriately to ongoing developments in science, politics and the wider community.

The Hague, 21 september 2010

(signed)

Professor L.J. Gunnings-Schepers, President of the Health Council

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## About this work programme

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### The many facets of health

Many factors influence health and there are equally many potential ways to improve public health. In the 2011 Work Programme, The Health Council of the Netherlands once again advises on themes from six broad areas of interest: health care, prevention, nutrition, environmental health, healthy working conditions and health research.

During this programme period, special attention is paid to vulnerable population groups. Advisory reports will be drafted on mental health for non-western youths, on care for victims of child abuse and on health problems among people with poor literacy. The Health Council will also examine the health effects of prenatal exposure to certain substances and how, in general terms, high-risk groups can be taken into account. Additionally, a number of broad policy themes will be addressed, such as making food production and consumption more sustainable and the development of reliable indicators for health care outcomes.

In a number of circumscribed areas, the Health Council keeps a close track of scientific developments. These fields include population screening, risks of exposure to electromagnetic fields, the influence of environmental factors and occupational risks.

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### **Advising on request of government ministries**

With this task package, The Health Council is of service to a variety of Government agencies. Most questions come from the Minister of Health, Welfare and Sport. They are connected to one or more of the ‘Social Public Health and Health Care Tasks’ the ministry of Health, Welfare and Sport (VWS) has set itself.

There are five major themes: 1. Living longer healthily; 2. Anticipating changing health care demands; 3. Good and safe care; 4. Dealing with limits to care; 5. Governance: clear roles and responsibilities.

Other Government members also regularly consult the Health Council. The Ministry of Agriculture, Nature and Food Quality (LNV) also submits questions on nutrition; Housing, Spatial Planning and the Environment (VROM) consults the council on a healthy living environment; Social Affairs and Employment submits (SZW) questions about working conditions; Education, Culture and Science (OCW) and Economic Affairs (EZ) request advice on health research. Furthermore, ministries regularly submit joint advisory requests. Finally, Parliament can also request advice from the Health Council.

A request for advice may be answered in multiple ways. In many cases, the chairman of the Health Council draws on the large network of experts and appoints a multidisciplinary committee to address the questions. There are also other, often faster pathways available, depending on the political or governmental urgency of the issues. For example, an advisory letter may be requested, in which experts are consulted outside of a committee setting.

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### **Highlighting opportunities and threats**

Naturally, the Health Council fulfils requests from Government ministries for advice, thereby supporting them in their policy development and implementation. However, highlighting important opportunities or threats is also one of its mandated tasks. This advisory or highlighting role is referred to as unrequested advice.

The Health Council’s signalling function once again relies strongly on its membership of around two hundred experts. Especially the permanent panels of experts in various fields, the so-called standing committees, play a major role. They review the advisory reports of the ad-hoc committees (a form of peer review, maintaining quality and the independent advisory role) and also report on key developments. Additionally, the permanent committees that closely monitor scientific developments in a certain field are of great importance.

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Cooperation with other advisory bodies and organisations is also important for monitoring purposes. Ethical and legal aspects of scientific developments in the field of public health are monitored by the Health Council within the context of the Centre for Ethics and Health (CEG), in which the Council cooperates with the Council for Public Health and Health Care.

The council also maintains close contacts with social organisations including patient rights organisations. This also contributes greatly to its highlighting role.

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### **Bridging the gap between science and policy**

The foundation for the activities of the Health Council is always the current state of science. This allows the council to provide building blocks for a good, safe health care and a healthy environment. Within the council, the Health Research Council supports policy by advising on priorities in health research, health care research and the development of new technology, as well as on related infrastructure.

The Health Council also examines the ethical and social implications of scientific developments, but does not concern itself with the implementation of concrete policies. Important though scientific knowledge and information on uncertainties may be, measures to be taken always also have political, economic or social facets that must be considered. Weighing these aspects and coming to policy decisions is a task for Government and Parliament.

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### **Making connections between policy areas visible**

Questions submitted to the Health Council are generally complex, both scientifically and socially. The first issue is addressed by the council's multidisciplinary approach: Insights from various scientific fields must be involved in the analysis of the problem.

Social complexity is often not only caused by diverging positions or interests, but also by political and administrative structures. In its advisory reports, the council looks beyond the limits of existing policy sectors, and attempts to make connections visible that may help policy-makers find suitable solutions. Advisory reports are therefore not only multidisciplinary in their genesis, but also multi-area in terms of orientation.

Examples in this work programme include advisory reports on care for victims of child abuse, healthy en sustainable diets, and dealing with groups at-risk.

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## Areas of attention in this work programme

The work programme provides an overview of all the activities within the Health Council in the period from September 2010 through the end of 2011. Six chapters will address the six areas of attention. These areas broadly correspond to the policy areas of the following ministries: chapters 2 and 3 to Health, Welfare and Sport, chapter 4 to Health, Welfare and Sport and Agriculture, Nature and Food Quality, chapter 5 to Housing, Spatial Planning and the Environment, chapter 6 to Social Affairs and Employment, and chapter 7 to Education, Culture and Science, Health, Welfare and Sport, and Economic Affairs. On an international level, the Health Council is increasingly involved in cooperative ventures. These activities are described in chapter 8. Work is sometimes also prepared for other ministries. As mentioned before, broad public health issues are addressed on a multi-sectoral and interdepartmental basis.

Further subdivision has been made within each chapter. Two distinct blocks have been made: 1. Ongoing activities; 2. Ongoing permanent activities. Ongoing activities are addressed during the programme period – the period from Budget Day 2010 to the end of 2011. These are requested advisory reports, as well as occasionally unrequested advice in the form of a horizon scanning report. Expected publication dates are listed in this first block. The second block lists the Council's permanent activities, which may or may not result in an advisory or horizon scanning report during the programme period.

As the Health Council is sometimes faced with emergency interim requests or itself demands attention for an urgent issue, priorities and publication dates may shift somewhat during the programme period, in consultation with various departments. Changes in secretarial capacity may also influence these dates. Budget cuts within the framework of the 'Public Service Renewal' programme, which also affects the Health Council, will lead to a reduction in the number of advisory reports published by ad-hoc committees.

An Annex has been added to this work programme with information on the Health Council model for readers not yet familiar with the Council. General information and all advisory reports published since 1999 can be found on the website of the Council [www.healthcouncil.nl](http://www.healthcouncil.nl).

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## Contributing to health care

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The safety, effectiveness and efficiency of care interventions continue to demand attention. An important consideration is whether interventions actually benefit the intended target groups; this is by no means always the case. One group currently in the spotlight is young migrants with mental disorders. They appear to be at greater risk than their western counterparts, but are difficult for care practitioners to reach. The Health Council has been asked to analyse the problem and indicate the direction that a solution should take. Another vulnerable group requiring special attention is the victims of child abuse. On its own initiative, the Council also intends to examine the problems that people with poor literacy skills encounter in health care.

Various more technical matters will also be addressed, including the responsible use of tissue transplantation. In addition, the Council will be looking at a somewhat neglected branch of the health care system: oral care. Where some population groups are concerned, such as older people and people with chronic ailments, good dental care has significant and wide-ranging preventive benefits. The backup needs of accident and emergency departments will receive the Council's attention as well. In the field of medical ethics, a Health Council committee will advise on the maximum number of children that should be conceived using sperm from a single donor.

Finally, developments in various key fields will be monitored by means of ongoing activities in the fields of ethics and health, tertiary clinical care and new developments in care.

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## Ongoing activities

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### 2.1 Towards improved mental health for young non-western people

There is evidence to suggest that young people from non-western backgrounds are roughly three times as likely to develop mental disorders as their western counterparts. However, it appears that they are underrepresented in outpatient and polyclinical mental health care. Apparently, this vulnerable population group is not easy to reach. The questions therefore arise: what makes them hard to reach and what can be done to adapt care provision to their actual needs. The Minister for Youth and Families (J&G) has asked for scientific advice regarding this complex problem.



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### 2.2 Responsible use of tissue transplantation

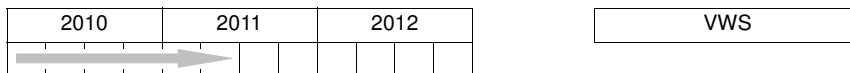
Tissue donation is the basis for the transplantation of corneas, bone and tendon material, skin, major arteries and heart valves. In the Netherlands, the sourcing and allocation of human tissue for transplantation is coordinated by the Dutch Transplant Foundation (NTS). The NTS is currently consulting the tissue banks and the Ministry of Health, Welfare and Sport (VWS) with a view to developing a policy on the tissue chain. Numerous pertinent questions warrant consideration: How far have we come with the development of tissue material, including material in the form of medication and medical devices? To what extent are such products likely to have commercial applications? To what extent should the Netherlands seek to be self-sufficient in the various types of tissue? How consistent is Dutch policy with European legislation and regulations? What is the government's role in this field? A general review of this domain is in order, taking in the relevant ethical, legal and organisational issues.



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### 2.3 Appropriate care for victims of child abuse

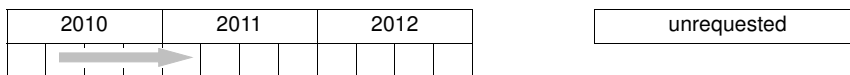
Research has revealed that every year a large number of children are the victims of physical and sexual violence and of physical and emotional neglect. Some of them are seriously traumatised by their abuse, which may continue for years. Moreover, abuse victims often remain socially disadvantaged later in life: they are more likely to become alcohol or drug abusers, delinquents, occupationally disabled and unemployed. This in turn has implications for the availability of care and support. Victim support groups and politicians are increasingly pointing to a lack of good treatment and counselling. However, it is not yet clear what forms of specialist care people with serious problems actually need. The Health Council is accordingly to investigate and report on the issue.



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### 2.4 Poor literacy as a problem in health care

Socio-economic health inequalities constitute a persistent problem, one aspect of which is poor literacy. Various sources have reported that people with poor literacy skills tend to be in poorer health. They often have difficulty reading and comprehending the information on medication packaging or hospital forms. The growing importance of digital information exchange in the care sector presents them with problems as well. What's more, they are less knowledgeable about health and less able to cope with chronic illness. There is ample reason, therefore, to study the association between literacy and health and to consider how this problem might be effectively addressed.



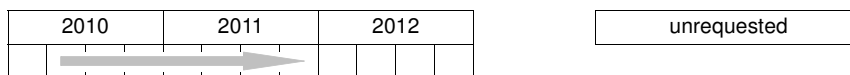
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### 2.5 Opting for healthy teeth

There are various reasons for reviewing current scientific knowledge about oral care. Dental treatment varies considerably from one provider to the next, apparently without any sound scientific justification. Within the oral care sector, it is recognised that evidence-based dentistry is in its infancy and needs further nurturing. What kind of knowledge infrastructure would that require and what are

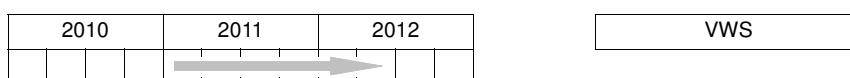
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the scientific research priorities? Certain social trends in oral health raise questions as well. The condition of children's teeth and the teeth of people in socio-economically disadvantaged groups seems to have deteriorated in recent years. Meanwhile, the demand for care amongst older people is rising. Because oral health has a major impact on a person's general health and quality of life, it warrants explicit attention.



## 2.6 Backup for emergency and urgent care

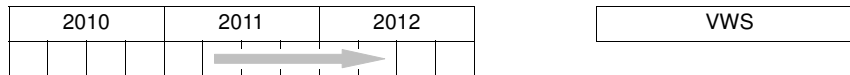
A hospital's emergency and urgent care unit receives all patients in acute need of care. When a patient arrives, it is by no means always clear what is wrong. A team of doctors, nurses and support staff has the task of making a diagnosis and deciding on a treatment plan. Late last year, a working group set up by the Ministry of Health, Welfare and Sport (VWS) defined the minimum facilities and professional expertise required by an emergency care unit. However, the working group decided it should not define such a unit's backup requirements: the diagnostic facilities and specialist assistance needed to provide adequate care, and the time within which such facilities and assistance should be available. The Minister of Health, Welfare and Sport has therefore asked the Health Council to advise on the topic.



## 2.7 Maximum number of children per donor

In the Netherlands, no limit is set on the number of children that may be conceived using sperm from a single donor. Although fertility clinics usually work on the basis of a maximum of twenty-five children per donor, they have no way of knowing whether a man has donated sperm via other clinics. This situation is considered undesirable, partly because of the risk of inbreeding. However, it is also important to take the wishes of would-be parents into account. The lower the limit, the longer the waiting list for donor sperm becomes. The Health Council has been asked to undertake a cohesive analysis of all the interests at stake, as a

basis for the development of guidelines by the parties active in the field.



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## Ongoing permanent activities

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### 2.8 Monitoring the interface between ethics and health

One of the Health Council's permanent tasks is scanning the entire health care domain for ethical dilemmas that warrant consideration by the government and parliament. The relevant issues are highlighted in horizon scanning reports. The Health Council's activities in this field are undertaken in tandem with the Council for Public Health and Health Care (RVZ), under the flag of the Centre for Ethics and Health (CEG). Each body contributes to the CEG's work on the basis of its particular responsibilities and expertise. In this context, the Health Council will address the following questions in the programme period ahead: [1] whether some forms of research that formally fall within the scope of the Medical Research Involving Human Subjects Act (WMO) could be adequately regulated under a less onerous regime; [2] what should be done when diagnosis and screening produce unexpected findings.

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### 2.9 Monitoring and evaluating developments in health care

Another of the Health Council's permanent tasks is monitoring new developments in health care. What new technologies could have health benefits? How can health care be made more effective, more efficient or safer? What (expensive) new pharmaceutical products and medical devices are being developed? Whenever developments are picked up that could be significant for care in the Netherlands, e.g. in relation to the basic health service entitlement package, the Council highlights the matter in an early warning report. When formulating its advice, the Council uses an assessment framework for care that has proven effective.

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### 2.10 Monitoring developments in advanced medical care

The rapidity of developments in advanced medical care makes it desirable for the Health Council to keep a close eye on this field. This sector provides highly specialised and expensive forms of care in fields such as neurosurgery, organ trans-

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plantation, heart surgery, radiotherapy, clinical genetics and IVF. It is important to ascertain what implications developments in this sector have for the safety, efficacy, effectiveness and efficiency of the interventions in question. There is also a need to consider whether additional quality criteria should be defined. In many cases, for example, it is necessary to define a minimum number of procedures that an individual centre should perform if standards are to be upheld. During the programme period ahead, the Council intends to look at deep brain stimulation: a neurosurgical treatment in which an electrode is inserted into a particular part of the brain in order to modify its function. There is a need to specify the conditions for which such intervention is indicated or may be considered.

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## **2.11 Increased emphasis on effectiveness and innovation in care**

In contrast to the situation in cure, little is known about the effectiveness of the methods used in care. Furthermore, there is less innovation in the latter domain. That is partly because relatively little medical research focuses on such care. It is important to increase people's ability to cope, with a view to increasing the sector's ability to meet the growing demand and enhancing clients' quality of life. However, a balance needs to be struck between promoting ability to cope and providing proper care for those who need it. Partly on the basis of the Health Council report *Prevention in the elderly: Focus on functioning in daily life* (2009/07), consideration is currently being given to this general theme in the context of ZonMw's National Care Programme for Older People. Once that programme has been concluded, the Council will be able to start analysing the findings.

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## **Contributing to prevention**

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Prevention is better than cure, the saying goes. And preventive action can certainly have health benefits. Nevertheless, not all forms of prevention are desirable or appropriate. It is always necessary to weigh up the pros and cons. That was the case, for example, in the context of a problem that surfaced last year: the pandemic of influenza A/H1N1. In such a pandemic, the role that vaccination might play requires careful analysis.

Screening can also help us avoid many problems. However, contrary to what one might assume, it can sometimes do more harm than good. Consequently, one of the Health Council's most important permanent tasks is to subject forms of screening to comprehensive assessment. During the coming programme period, the Council will, for example, examine new ways of screening women for cervical cancer and the desirability of a national chlamydia screening programme.

Systematic vaccination against communicable diseases is another important form of prevention. However, vaccination sometimes attracts public suspicion – if side effects are reported in the media, for instance. The Health Council is responsible for making impartial, science-based appraisals in this field, in order to ensure that safety and effectiveness criteria are met, thus bolstering support and confidence.

The control of health risks is an important activity in numerous fields. The Health Council will, for example, be addressing livestock-related antibiotic resistance and new ways of optimising the safety of blood. Finally, prevention in

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a more general sense is aided by action to reduce social isolation and domestic violence.

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### Ongoing activities

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#### 3.1 The role of vaccination in preparation for an influenza pandemic

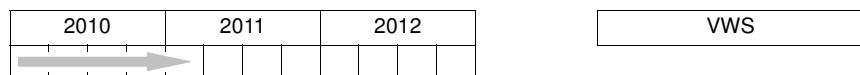
There has long been debate as to how we can best prepare for an influenza pandemic. That debate acquired particular urgency last year, when the pandemic of influenza A/H1N1 2009 took hold. In response to an urgent report by the Health Council, the Minister of Health, Welfare and Sport (VWS) decided to purchase supplies of vaccine based on the pandemic virus. Several follow-up reports were produced, advising the government how to make best use of the vaccines. However, none of the preventive measures implemented did anything to diminish the likelihood of a pandemic involving another influenza virus. Consequently, there is a need for more general advice on the role of vaccination in preparation for an influenza pandemic. In this context, numerous questions arise. Is it possible to use variations on existing vaccines to mitigate the impact of a future pandemic, or is it better to wait for a new vaccine based on the pandemic virus, even if that implies significant delay? And to what extent is it possible to predict whether a new vaccine will have side effects that, in the event of mass vaccination, could cause considerable health problems at the population level?



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#### 3.2 Follow-up report on the prevention of cervical cancer

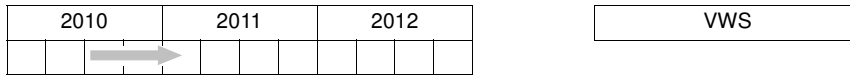
In March 2008, the Health Council published a report on vaccination against human papilloma virus (HPV), which can lead to cervical cancer. The report was produced in response to an urgent request for advice on the desirability of introducing such vaccination to the National Immunisation Programme. A follow-up report was requested, examining possible ways of improving cervical cancer screening, such as the use of new tests for HPV infection.



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### 3.3 Vaccination against tuberculosis in high-risk groups

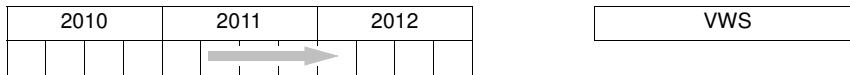
Another topical issue is the so-called BCG vaccination of children who live in the Netherlands, but whose parents come from countries where tuberculosis is prevalent. Is the BCG vaccination of this group still effective (and cost-effective), now that the population has changed and the situation in the countries of origin has moved on since the programme was set up? And, if tuberculosis vaccination remains desirable for certain groups, should it be provided through the National Immunisation Programme?



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### 3.4 Enhancing the safety of blood

For patients, it is very important that blood products are safe. For some years, the Health Council has therefore been monitoring developments and possible problems in this field. Various safety enhancements are under development, including a filter for prions (the agents that cause Creutzfeldt-Jakob's disease) and techniques for inactivating viruses in blood plasma, blood platelets and red blood cells. The time is ripe, therefore, to assess whether these developments warrant revision of safety procedures followed in the Netherlands. In this context, it is necessary to consider what safety benefits the new techniques would bring, and whether such benefits are sufficient to justify the cost. The position of the blood donor also needs to be taken into account: a positive (i.e. abnormal) test result can have far-reaching implications for a donor. The ethical and legal implications of adopting new techniques must therefore not be overlooked, either.



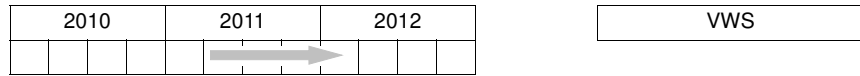
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### 3.5 Screening for chlamydia

Chlamydia remains the most common sexually transmissible bacterial disease in the Netherlands. Moreover, its incidence is not declining. In 2004, the Health Council advised that it was not (then) appropriate to introduce a national screening programme for all men and women in a particular age band. Before such a programme could be considered justified, further research was needed into the

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cost-effectiveness of screening, into regional variations in the infection rate and into certain practical matters. A two-year trial has since been started, with a view to providing the necessary insight. At the end of 2010, the RIVM's Centre for Infectious Diseases will evaluate the trial data, after which the Health Council will prepare a new report on this subject.



### 3.6 Livestock-related antibiotic resistance

Efforts to prevent the development and spread of antibiotic resistance have so far been relatively successful within the Dutch health care sector, certainly compared with other European countries. Problems remain, however. For example, antibiotics are widely used in Dutch livestock farming to prevent and treat disease in production animals. Against this backdrop, it is pertinent to ask to what extent such large-scale antibiotic use can induce resistance in the bacteria that infect people. The Minister of Health, Welfare and Sport (VWS) and the Minister of Ministry of Agriculture, Nature and Food Quality (LNV) have accordingly sought urgent scientific advice on this matter. What are the main threats to public health? What transmission routes are involved and how can transmission be prevented? What types of treatment or administration techniques contribute most to the development of antibiotic resistance in livestock farming? Is it desirable to reserve certain antibiotics for human use?



### 3.7 Prevention of social isolation

In our highly individualised society, social and emotional isolation is a common problem that undermines not only wellbeing, but also physical and mental health. Moreover, social isolation appears to generate demand for welfare and care services. Hence, there are strong incentives for investigating the scope for tackling such isolation. To what extent can social integration and support promote participation, ability to cope and good health? What forms of intervention are most effective? These questions touch upon the remit of the Council for Social Development (RMO). As with the following subject, therefore, the Health Council is in

discussions with the RMO regarding the possibility of working together on this topic.

2010	2011	2012	VWS
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### 3.8 Tackling domestic violence

Under the Social Support Act (Wmo), municipal authorities are obliged to tackle domestic violence. It is also very important that victims are helped to pick up their lives again after suffering violence. However, many policy-makers and politicians are sceptical about the effect of the measures introduced by the national and local governments. The Health Council has accordingly been asked to shed light on this complex situation. In this context, attention will be given to the physical and mental health of victims, perpetrators and any children that may be involved. The Council's report will also assess the social costs, such as the economic losses associated with victims' reduced participation in the labour market. Finally, it is vital to identify the measures that do actually make an effective contribution to stopping violence from occurring in the first place.

2010	2011	2012	VWS
planning by mutual agreement			

### Ongoing permanent activities

### 3.9 Reporting on the National Immunisation Programme

One of the Health Council's permanent activities is advising on the National Immunisation Programme (NIP). In 2007, the Council published *The future of the national immunisation programme: towards a programme for all age groups*. This wide-ranging report included the Council's proposed criteria and principles for the inclusion of vaccines in the NIP. In the coming programme period, these criteria will be evaluated and possibly revised in certain respects. Reports will also be prepared on vaccination against rota virus-induced diarrhoea, vaccination against chicken pox/shingles and the vaccination of at-risk groups against tuberculosis (3.3). The intention is also to evaluate the indications for vaccination against influenza, vaccination against hepatitis A and the vaccination of older children and adults against whooping cough. Discussions are to be held with the Ministry of Health, Welfare and Sport regarding the prioritisation of these topics.

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### **3.10 Reviewing guidelines and standards for the prevention and treatment of infectious disease**

On behalf of the Minister of Health, Welfare and Sport, the Health Council reviews the protocols and contingency plans of the National Centre for Infectious Disease Control (LCI). The object of this permanent activity is to ensure a uniform, national approach to tackling such diseases. Hospital infections also continue to demand attention. Since 1989, when the then State Secretary for WVC sought assistance, another of the Council's permanent tasks has therefore been to appraise standards for the prevention of hospital infections developed by the national Infection Prevention Working Party (WIP).

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### **3.11 Monitoring developments in screening**

Considerable attention is focused on the early detection of disease and research into risk factors. In these fields, scientific progress is rapid, and each new development has potential implications for existing screening programmes and the desirability of new ones. The Health Council consequently has the permanent task of monitoring the relevant fields and periodically issuing reports. During the coming programme period, the Council will be working on the third Population Screening Yearbook.

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### **3.12 Evaluating licence applications for population screening**

Under the Population Screening Act (WBO), certain forms of population screening have to be licensed by the Minister of Health, Welfare and Sport. The Act requires the Minister to refer licence applications to the Health Council, which will assess each one against the criteria laid down in the Act. During the coming programme period, it is anticipated that a further number of licensing requests will be made, to which the Council will respond within the specified period.

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## Contributing to healthy nutrition

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In our desire to address obesity as a public health problem, we should not overlook other diet-related issues. There is evidence, for example, that the nutritional status of mainly older people in nursing homes and other settings leaves something to be desired. Action on that front is urgently required. Furthermore, there has in recent years been increasing interest in the sustainability of our approach to food. Certain production processes and consumption patterns have less impact on the environment and therefore deserve encouragement. The question arises, however: is a healthy diet also an environmentally sustainable diet? The Health Council will report on the general principles during the year ahead. Also on the agenda is an update to the Guidelines for a Healthy Diet.

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### Ongoing activities

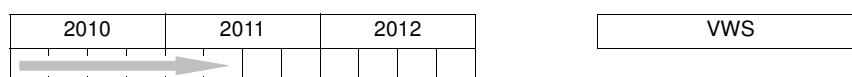
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#### 4.1 Improving the dietary status of older people

The dietary status of older patients in hospitals and nursing homes gives cause for concern, with the evidence suggesting that there is significant room for improvement. The issue was recently addressed in the policy document *Diet and Health*. However, malnutrition appears to be quite common amongst older people who live independently as well. So how extensive is the problem? What form should screening for malnutrition take? And what countermeasures are most

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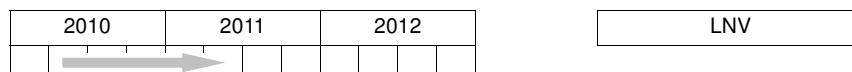
effective? Against this background, there is a need for expert analysis of the available scientific information.



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## 4.2 Towards sustainable food production and consumption

Sustainability is a well-established theme of environmental policy. More recently, it has been identified as a key issue by the Minister of Agriculture, Nature and Food Quality (LNV). Last year, for example, the Minister agreed the Agenda for Action on Sustainable Livestock Farming with the business community and relevant interest groups. A Policy Document on Sustainable Food has since been published, setting out the Minister's plans for stimulating the supply of and demand for sustainable food. There are indications that sustainable eating patterns are often also healthy eating patterns. The Health Council is therefore to consider what light existing scientific knowledge sheds on the possibility of parallelism between sustainability and health. A report will follow, in which the Guidelines for a Healthy Diet will be used as the basis for advice on making food production and consumption more sustainable.



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### Ongoing permanent activities

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## 4.3 Update to the Guidelines for a Healthy Diet

On behalf of the Minister of Health, Welfare and Sport and the Minister of Agriculture, Nature and Food Quality, the Health Council updates the Guidelines for a Healthy Diet once every five years. The guidelines are intended to assist the government's dietary policy development activities and to facilitate impact appraisal of such policy. They also serve as the basis for public dietary advice in the Netherlands. The latest update cycle starts in 2011 and will involve drawing upon the Dietary Guidelines for Americans 2010.

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#### **4.4 Periodic definition of standards for a healthy diet**

One of the Health Council's permanent tasks is to periodically review dietary energy and nutrient standards and to develop new standards where necessary. Against a background of increasing international cooperation on this front, under the umbrella of organisations such as the European Food Safety Authority (EFSA) and America's Institute of Medicine (IOM), the Council will wherever possible base its standards on relevant international reports and guidelines, adapted to the Dutch situation where necessary. More specifically, there is a need to evaluate the standards for folic acid, vitamin D, iron, vitamin E and various minerals and trace elements.



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## **Contributing to environmental health**

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A clean, safe and sustainable environment is important for public health. Over the years, therefore, the Health Council has often advised on the relationship between health and environment.

Various reports are currently being prepared, which deal with the risks faced by particular groups. There are concerns, for example, about the dangers of pre-natal exposure to certain substances, which may have lifelong implications. Another at-risk group are people who live in rural areas and are consequently more likely to be exposed to agricultural pesticides. The Health Council is to report on both topics in the year ahead. A more general, conceptual report is also planned, whose primary focus will be how to formulate policy to take account of population groups that differ in their sensitivity or exposure to harmful environmental influences.

The Council is additionally to consider whether certain environmental influences constitute risk factors for childhood leukaemia. Finally, monitoring of developments in the field of health and environment and the risks associated with electromagnetic fields will continue.

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## Ongoing activities

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### 5.1 Taking at-risk groups into account

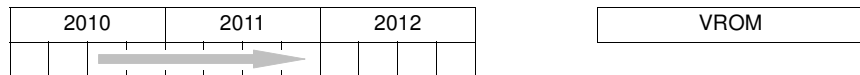
Environmental factors do not influence everyone's health in the same way. The mechanism of exposure to a given substance can differ from group to group – some being exposed through their diet, others through inhalation and others still at the workplace. As a result, the effects of exposure can also differ. Moreover, people vary in their genetic and acquired characteristics and consequently respond differently to influences from the everyday environment. How can policy in the various domains transparently and consistently take account of such differences?



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### 5.2 Risks of prenatal exposure to hazardous substances

New evidence has come to light, indicating that prenatal exposure to certain substances, such as endocrine disruptors, can have lifelong health implications. Recent scientific publications have suggested, for example, that prenatal exposure to certain substances may play a role in the development of various common conditions, including obesity and diabetes. The Health Council will accordingly consider the strength of the evidence. One particular focus of attention will be the possible influence of so-called epigenetic processes: hereditary changes in the activity of genes whose DNA composition remains unaltered.



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### 5.3 Are pesticides harmful to local inhabitants?

Several years ago, the UK's Royal Commission on Environmental Pollution concluded that there could be a link between pesticide use and health problems suffered by people living in agricultural areas. The Netherlands is a densely populated country, where homes are often in amongst plots of land where pesticides are used (in greenhouse horticulture, arable farming, fruit growing and bulb cultivation). What risks are associated with the spraying of such substances? Do

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the current international and national regulations afford sufficient protection? The report on pesticide use that the Health Council published in 2000 focused primarily on the ecosystem. Now, the intention is to report on the health implications of pesticide use for local inhabitants. If it appears that such people are at demonstrable risk, it will of course be desirable to consider whether current scientific knowledge provides a basis for protective intervention.

2010	2011	2012	VROM

#### 5.4 Childhood leukaemia: the role of environmental factors

Some researchers have suggested that there is a correlation between childhood leukaemia and exposure to certain environmental factors. The main ‘suspect’ factors are ionising radiation (e.g. from nuclear power plants), non-ionising radiation (from high-voltage power lines) and chemical substances (such as pesticides). In conjunction with its Belgian counterpart, the Health Council will assess the strength of the scientific evidence for causality in the reported relationships.

2010	2011	2012	unrequested

#### 5.5 Limiting the risks of particulate matter

Particulate air pollutants continue to interest the scientific community. Various construction projects have been blocked because of the danger that the EU limit on air pollution would be exceeded. So, according to the latest scientific evidence, how harmful is exposure to particulate matter? Which particular components are the most problematic? What is the best way to measure exposure? What scope is there for reducing exposure and how effective are the various reduction methods? Following on from an advisory letter on air quality published in 2008, the Health Council will, in consultation with the Ministry of Housing, Spatial Planning and the Environment, determine the most pressing issues to address.

2010	2011	2012	VROM
planning by mutual agreement			

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## Ongoing permanent activities

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### 5.6 Monitoring developments in the field of health and environment

There is increasing international cooperation on matters relating to the way the everyday environment influences our health. That is understandable, given that neither environmental influences nor the effects of countermeasures are constrained by national boundaries. Moreover, successful intervention depends on collective action, such as that provided for in the European Commission's recent Environmental Health Action Plan. It is therefore one of the Health Council's permanent tasks to monitor international developments in the field of health and environment. In that context, the Council considers matters such as the strength of the scientific evidence for environmental influences that have been attracting attention, and how significant such influences are in the Netherlands. The results are reported in horizon scanning reports. During the programme period ahead, the Council will prepare a report on the risks posed by waste that contains nanoparticles.

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### 5.7 Risks associated with electromagnetic fields

The influence that electromagnetic fields and radiation have on health has been a topical issue in recent times, mainly because of the growth of mobile telephony and other forms of wireless telecommunication. From time to time, questions also arise concerning other sources of electromagnetic radiation, such as high-voltage power lines, electrical equipment and automatic access and control systems. The Health Council has the permanent task of monitoring scientific developments in this field and producing an annual report on the subject summarising the current position and addressing relevant questions. The Council's activities in this field are undertaken in close cooperation with the Electromagnetic Field Knowledge Platform.

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## **Contributing to healthy working conditions**

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The Health Council has the ongoing task of helping to protect workers against potentially harmful working conditions. Particular emphasis is placed on substances that people may come into contact with in the course of their work. Drawing on the available scientific knowledge – which is comprehensive in some fields, but lacking in others – the Council advises on numerous substances every year.

For some time, the Council has also prepared surveillance reports on more general occupational hazards, such as physical and psychosocial stress. Subjects to be addressed in the coming programme period include lifting, repetitive procedures and pressure of work.

A separate report will be prepared on the risks posed by working with nanoparticles; there is a need for advice on the design of appropriate health monitoring systems and on exposure registration.

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### **Ongoing activities**

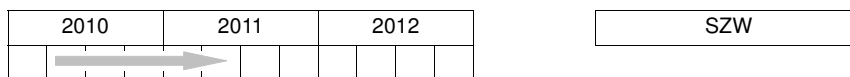
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#### **6.1 Monitoring and registering nanoparticles**

Partly in response to the Health Council's reports *Health significance of nanotechnologies* (2006/06) and *Prudent precaution* (2008/18) and the associated government response documents, the Social Economical Council (SER) reported to the Minister of Social Affairs and Employment (SZW) in March 2009 on work-

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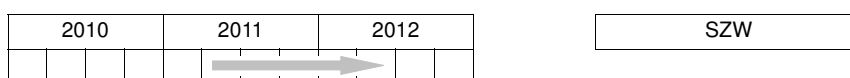
ing safely with nanoparticles. The SER report called for the use of an early warning system to highlight hazards to people working with free insoluble synthesised nanoparticles. Much remains unclear regarding the possible health effects of exposure to such particles. Consequently, no health-based occupational exposure limits have been defined. Naturally, the uncertainties that exist also influence the scope for and use of an early warning system. Furthermore, the Ministry favours linking any such health monitoring system to a system for exposure registration. The Health Council will therefore be reporting on the matter.




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## 6.2 Increasing insight into the health effects of night work

In 2006, the Health Council published a report on night working and breast cancer. Women that do night work for decades appear to be at elevated risk of developing breast cancer. The Minister of Social Affairs and Employment therefore asked the Council to review the latest scientific knowledge regarding the reported link. However, there is also evidence to suggest that night work or shift work is associated with other health problems, including effects on pregnancy, the cardiovascular system and the prostate gland. Consequently, the Council will be voicing its opinion on these risks as well.




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### Ongoing permanent activities

## 6.3 Monitoring occupational risks

In 2007, the Health Council was asked to take on an additional task: identifying significant workplace risks and considering whether it is possible to define occupational exposure limits to facilitate their exclusion. Before the end of this year, the Health Council expects to be asked to propose limit values where possible. The Health Council and the Ministry of Social Affairs and Employment have agreed that, during 2011, the Council will look at the following occupational risks: biological agents; lifting; applying force, pushing, pulling; working while kneeling or crouching; working while standing up; performing repetitive proce-

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dures; working at a visual display unit; pressure of work, the danger of falling and noise. Where each of the specified risks is concerned, the Council will determine whether it is possible to formulate an occupational exposure limit, and will publish a surveillance report. The Ministry will then decide whether to introduce such a limit.

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## **6.4 Advising on protection against hazardous substances**

People are exposed to all sorts of substances at work, some of which can be harmful. The Health Council has the permanent task of helping to protect workers against the risks associated with such substances. To this end, the Council assesses the toxic properties and health effects of substances that people encounter at work. In each case, the available scientific information about the effects of the substance in question is examined to determine the maximum safe level of workplace exposure, or – if no ‘safe’ level of exposure can be determined – the maximum acceptable level of workplace exposure. The Council then defines a health-based recommended occupational exposure limit, which is used by the government when setting a legal limit, or by employers when setting their own voluntary limits. The Health Council also makes proposals regarding the hazard classification of carcinogenic and reprotoxic substances. In the context of these assessment activities, the Health Council sometimes works with northern Europe’s Nordic Expert Group (NEG), America’s National Institute of Occupational Safety and Health (NIOSH) and France’s Agence National de Sécurité Sanitaire, de l’Alimentation, de l’Environnement et du Travail (ANSES, previously AFSSET). The Council also coordinates its activities with the European Scientific Committee for Occupational Exposure Limits (SCOEL) and the Senatskommission zur Prüfung gesundheitsschädlicher Arbeitsstoffe of the Deutschen Forschungsgemeinschaft (DFG).

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### **6.4.1 *Health-based recommended exposure limits***

During the programme period ahead, the Health Council will propose health-based recommended exposure limits for the following substances: arsenic and arsenic compounds, benzochinone and hydrochinone, diesel emissions, grain dust, molybdenum and molybdenum compounds, nuisance dust (inhalable and respirable) and thalidomide. By 1 March 2011, the Council has been asked to additionally compare its own health-based recommended exposure limits for certain substances with the European SCOEL’s recommended exposure limits. The Council will accordingly investigate the backgrounds to the discrepancies that

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exist between the limits for: 1,4-dioxane, 2-methoxymethanol and 2-methoxyethyl acetate, methyl methacrylate and sulphur carbonate.

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#### 6.4.2 *Reference values for carcinogenic substances*

For genotoxic carcinogenic substances, the Health Council calculates the level of workplace exposure corresponding to a given increase in the cancer mortality risk over a person's whole working life, as specified by the government. Such maximum acceptable risk levels are used for regulatory purposes in cases where even very low levels of exposure entail some added risk of cancer. The reference value for a substance calculated by the Health Council to correspond to the acceptable risk level forms the basis for the definition of a statutory occupational exposure limit for exposure to that substance. During the coming programme period, the Council will endeavour to publish five reports.

The Council will seek to publish reference values for the following substances: acrylamide, adriamicin, benzene, beryllium and beryllium compounds, bischloromethyl ether, 1,3-butadiene, cadmium and cadmium compounds, cyclophosphamide, diazomethane, 1,2-dichloromethane, 1,3-dichloro-2-propanol, dimethyl sulphate, ethylene oxide, hexachlorobenzene, hydrazine salts, 5-nitroacenaphthalene, nitrosoamines, propanolide, propylene oxide, thiotepa and certain benzidine-like compounds (N,N'-diacetylbenzidine, 2,4-diaminotoluene, o-dianisidine, 3,3'-dichlorobenzidine and 3,3'-dichlorobenzidine-dihydrochloride, o-tolidine and o-toluidine).

As well as preparing advice on individual carcinogenic substances, the Health Council is in the process of reviewing the method it uses for risk calculation in the light of current scientific knowledge and thinking. The method currently in use was defined in 1995 in the report *Calculating Cancer Risk (1995/06WGD)*. The Council expects to complete the review and publish an update to the 1995 report in the coming programme period.

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#### 6.4.3 *Reference values for allergens*

In response to the Health Council's report *Prevention of Work-Related Airway Allergies (2008/03)* and advice from the SER, the Minister of Social Affairs and Employment intends to introduce public exposure limits for inhalable allergens that people are often exposed to in high concentrations. The Health Council expects to receive a request for advice from the Minister before the end of 2010. For each of the substances in question, the Council will then determine the level of workplace exposure corresponding to an increased sensitisation risk not

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exceeding 1 per cent, relative to the general population. The reference value calculated by the Council will form the basis for a statutory exposure limit. In the coming programme period, the following substances will be considered: wheat flour, rye flour, soya flour, alpha-amylase and two isocyanates: 2,4-toluene diisocyanate and 2,6-toluene diisocyanate (TDI), with priority being given to the various flours.

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#### 6.4.4 *Classification of carcinogens*

One of the Health Council's specialised activities in the field of occupational exposure to hazardous substances is the appraisal of carcinogenic properties. Where sufficient data are available, the Council also comments on the effect mechanisms of relevant substances. In that context, substances are classified on the basis of hazard categories defined at the European level. These categories indicate the strength of the evidence of carcinogenicity. During the coming programme period, the Council will endeavour to publish five reports. The Council will seek to publish classification reports for the following substances: acetaldehyde, acetone, antimony and antimony compounds, bisphenol A diglycidyl ether, metallic chromium, dibenzoyl peroxide, dimethylamine, N,N-dimethyl formamide, dinitrobenzene, ethyl acrylate, ethylene, phenacetin, formamide, potassium cyanide, ceramic fibres, 4-methoxy phenol, N-methyl formamide, naphthalene, polyvinyl chloride (PVC), pyrocatechol, silicon carbide, talc, tetrahydrofuran, trichloroacetic acid, 1,1,1-trichloroethane and wolfram and wolfram compounds.

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#### 6.4.5 *Classification of reprotoxic substances*

Substances encountered in the workplace can affect human reproduction, either by impairing fertility or by giving rise to abnormalities in the offspring of exposed individuals. The Health Council has a permanent role in the protection of workers against such effects. As with carcinogens, the Council assesses the scientific information available regarding reprotoxic substances and accordingly places them in risk categories defined at the European level. During the coming programme period, the Council will endeavour to publish classification reports on six substances. The Council will work towards the classification of the following substances: 5-fluorouracil, caffeine, chloramphenicol, chlorpromazine, cortisone, dexamethasone, diphenyl hydantoin, D-penicillamine, phenobarbital, haloperidol, hexachlorophene, indium and indium compounds, methotrexate,

N-2- fluorenyl acetamide, nicotine, 3-methyl cholanthrene and uranium and uranium compounds.

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## **Contributing to innovation and knowledge infrastructure**

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Much of the Health Council's work involves weighing up and communicating scientific knowledge, with a view to supporting effective policy-making. However, knowledge cannot be harvested unless seed is sown. But what seed, when and by whom? Providing answers to such questions is the function of the RGO, which is now integrated within the Health Council and active as a special standing committee.

Once again, the RGO's activities span a wide spectrum, from defining a research agenda for innovative medical products to encouraging research into mental health, and from the academisation of forensic medicine to fostering knowledge development at the interface between medicine and technology.

The RGO will also be addressing two questions pertinent to the quality of care in a more general sense. What suitable and reliable methods are available for assessing the quality of care provision? And, following on from that question, what is the best way to measure the effect of supervision on the quality of care? In the context of these issues, RGO reports are needed to define the direction of research development.

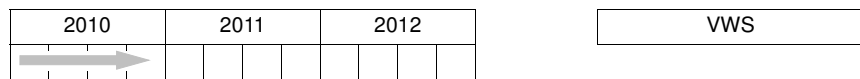
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## Ongoing activities

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### 7.1 A research agenda for innovative medical products

The Minister of Health, Welfare and Sport wishes to know what medical product innovations would be most beneficial to society and whether the government needs to encourage such innovations. In order to respond to the Minister, the RGO will be addressing various questions. Which research fields have the most potential? How can the government encourage research in the relevant fields? And what form of supervision affords the best prospect of maintaining the dynamism of the research agenda? Definition of this research agenda follows on from the RGO's 2006 report on a medical biotechnology research agenda. The new agenda is wider in its scope, taking in pharmaceutical products, biomaterials and medical devices.



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### 7.2 How can the effects of supervision be measured?

The Health Care Inspectorate is running a research programme entitled 'Evaluation of supervision on public health, health care and medical devices'. As part of this programme, the effects of public health supervision are under investigation. However, ascertaining the effect of supervision is very difficult, because there is no direct relationship between the supervision and the quality of the supervised activities. The Inspectorate has therefore asked for advice on the state of the art of scientific research into the effects of supervision. There is also a need for a vision of how the research should develop, and for proposals regarding a research programme and associated infrastructure.



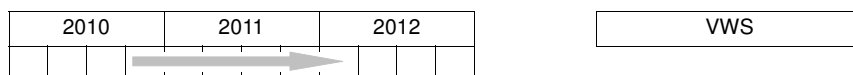
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### 7.3 Towards reliable indicators for healthcare outcomes

In the Netherlands, patients, care providers, insurers and supervisors are working hard to make the quality of care provision more readily apparent. However, while they have been able to agree on indicators for use in the assessment of care struc-

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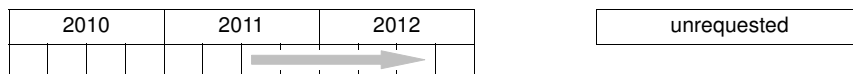
tures and processes, defining care outcome indicators is proving more difficult. Patients and insurers point out that outcome indicators are already used in other countries and ask why, therefore, the Netherlands cannot adopt them too. Care providers counter with objections, such the difficulty of measuring not only outcomes, but also the patient characteristics that influence them, in a valid and reliable way. Advice based upon a sound understanding of the relevant science can help to move the discussions forward. What is known about the validity and reliability of the outcome indicators used elsewhere? Is it possible to correct properly for case mix differences between care providers? What research is needed to support the further development and use of outcome indicators?




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#### 7.4 Scientific impetus for forensic medicine

Forensic medicine is medical science in the service of justice and criminal investigation. It covers topics such as (non-natural) causes of death, post-mortem phenomena, injuries, (child) abuse, sexual offences, biological traces and forensic-medical assessment and reporting. In contrast to the situation in other countries, forensic medicine has no real tradition of academic training and research in the Netherlands. This hampers the transfer of new scientific insights to practitioners. There are also gaps in the basic curriculum followed by trainee doctors, who need to have some forensic-medical knowledge in order to recognise cases of abuse or non-natural death. The time is therefore right for a report on the knowledge infrastructure needed to promote the sorely needed academisation of forensic medicine.



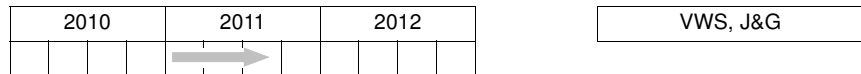

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#### 7.5 Autism spectrum disorders: research agenda and knowledge infrastructure

In a society that has increasingly high expectations of its members' adaptability and social and communicative skills, people with autism spectrum disorders (ASDs) can find life difficult. Unfortunately, ASDs cannot currently be rectified. Nevertheless, forms of treatment and guidance are available, which can help people with ASDs to maximise participation in family, educational, occupational

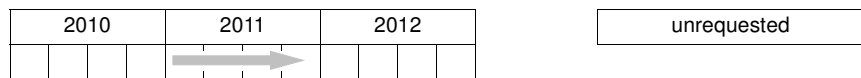
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and other social activities despite their disabilities. Treatment, however, depends on early detection and diagnosis. As the Health Council reported in *Autism spectrum disorders: a lifetime of difference* (2009/09), little is yet known about appropriate tools for the detection and diagnosis of ASDs, or about the effectiveness of possible interventions. Research is consequently required, whose results need to be communicated to professionals working in care and education. Following on from the government response to the latter report, the Ministry of Health, Welfare and Sport (VWS) and the Ministry of Youth and Families (J&G) have asked the Council to define research priorities for the detection, diagnosis, treatment and supervision of people with ASDs and to make recommendations regarding the knowledge infrastructure needed to promote expertise amongst professionals.



**7.6 Research into mental health**

In 1999, the RGO published a report entitled *Research into mental health care and public mental health*. A year later, the associated ZonMw programme *Geestkracht* (Mental Strength) was started. Following the conclusion of that programme – widely acknowledged as a great success – in 2010, the time is right to take a fresh look at research into mental health. What is the current status of this research field in the Netherlands? What are the strengths and weaknesses of Dutch mental health research in comparison with the research conducted elsewhere? What opportunities exist for the Dutch mental health research discipline to contribute to international knowledge development and to care innovation at home? What are the strengths and weaknesses of the research infrastructure? The report also needs to indicate whether research into mental health requires further stimulation and, if so, what aspects require attention and what the best method of investment is.



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## 7.7 Knowledge development at the interface between medicine and technology

Various activities are in progress, aimed at promoting the development of new medical technologies in the Netherlands. They include the NWO programme New Health Care Tools and various collaborative projects involving Technical Universities (TUs), University Medical Centres (UMCs) and private enterprises. The Health Council too is seeking to lend support by preparing a medical product research agenda, identifying a number of product development lines (based primarily upon the needs of patients and care practitioners) that deserve support. What is currently missing, however, is a long-term strategic vision of the opportunities for knowledge development that exist in the Netherlands at the interface between medicine and technology. What are the nation's UMCs, TUs and enterprises good at; what successful joint ventures are already in place, and how does the situation in the Netherlands compare with what is happening elsewhere? Such a vision of the Netherlands' position in the international context of medical-technology knowledge development would be very useful for identifying the opportunities that are ripe for exploitation.





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## International activities

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Science recognises no borders and policy issues are increasingly international in their nature. Even where national administrative traditions have a strong hold, the scientific aspects of policy issues display common characteristics. All the more reason to watch for relevant analyses from other countries and to grasp opportunities to work together with foreign counterpart organisations where relevant. This also creates opportunities to draw on a wealth of shared expertise in a growing field of knowledge.

Cooperation in particular received a strong impulse in 2009, with a European subsidy for the EuSANH network, founded in part on the initiative of the Health Council. Additionally, the council continues its long-standing participation in other international cooperative ventures in various areas for special attention.

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### 8.1 Activities within the framework of EuSANH

In order to promote efficiency in advisory work, the European Science Advice Network for Health (EuSANH) was created in 2006. It also contributes to scientific advisory work on European public health policy. The network currently encompasses 13 members, who exchange information on published and in-progress reports.

In April 2009, the EuSANH network received a subsidy from the European Commission for a three-year project entitled 'EuSANH-ISA: Improving Science Advice for Health in Europe'. The Health Council bears final responsibility for

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the technical implementation, as well as the content, financial and administrative coordination. The project's objective is fourfold: [1] Further analyse the structure and function of participating organisations, as well as their role in policy advice; [2] Developing a common methodological framework for scientific advice; [3] Building towards a sustainable collaborative structure for the expanding network; [4] Preparing a joint report on an issue of communal interest. The decision was made to opt for the determinants of successful cancer screening implementation.

Under the flag of EuSANH, the Health Council of the Netherlands and the Belgian Health Council are also cooperating on a report on environmental influences as risk factors for childhood leukaemia (see 5.4).

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## **8.2 Other activities**

The Health Council stays up-to-date on cutting edge interventions, procedures, medical devices and medicinal products through, among other things, its participation in EuroScan and INAHTA, an international network for identifying significant emerging health technologies. When it comes to monitoring in the field of nutrition and nutrition quality, the council closely follows recommendations from international organisations such as the EFSA, WHO and FAO. For electromagnetic fields, radiation and health, the council works with the WHO and the Belgian High Health Council, and cooperates with various international institutions on the topic of occupational hazards (see paragraph 6.3). The council also maintains close contacts with the American Institute of Medicine. In the field of ethics and health, the council participates in the NEC forum (Forum of National Ethics Councils) and COMETH (Conference of National Ethics Committees), an informal network in Council of Europe countries.

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A About the Health Council

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B Transition table

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## **Annexes**



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## About the Health Council

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### Working in committees

The Health Council currently has 196 members, 47 of them women (as of 1 January 2010). Members of the Council do not meet in a plenary fashion. Members are active in the Council, if they are invited into committees and/or standing committees.

Advisory reports are usually drafted by *ad-hoc* committees appointed by the Health Council president, pursuant to Article 24 of the Health Act. When creating committees, a multidisciplinary approach is strived for in addition to ensuring scientific expertise. This methodology is designed to prevent a one-sided view of the issue. The members of the committees are initially recruited from within the Council's ranks. However, it is common for experts from outside the Council, sometimes even outside the country to participate in the committees. All members provide their knowledge and time on a volunteer basis. This allows the Council to call on a golden network of top experts, prepared to use their expertise for the public good in exchange for a modest attendance fee.

Health Council committee members may also have conflicting interests. An invitation to join the committee is therefore accompanied by a request for written insight into the positions they hold and to disclose any material or immaterial circumstances that may be relevant to the committee's activities. Transparency is key in this disclosure procedure. It is up to the president of the Council to determine whether the aforementioned interests are reason not to appoint someone to

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the committee. If so, it may still be possible to use the expert in question's knowledge by involving him or her in the committee's activities as an advisor. During the appointment meeting, the statements issued are discussed, so that all committee members are made aware of any interests.

Within the Health Council, the Advisory Council on Health Research has the task of advising the Ministers of Health, Welfare and Sport, Education, Culture and Science and Economic Affairs on priorities in health research, care research and technology developments in this sector, as well as on related infrastructure. Following evaluation of the current state of science, this allows knowledge gaps and social research priorities relevant to policy to be identified.

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### **Reviewing and monitoring by standing committees**

The Health Council's standing committees play an important role in safeguarding the quality of the council's work. A key characteristic of these permanent committees is that they maintain an overview of a broad field. The main tasks of a standing committee are reviewing draft advisory reports and monitoring issues and developments within their appointed field. There are standing committees for the following fields:

- Medicine
- Genetics
- Health and environment
- Health ethics and health law
- Infection and immunity
- Public health
- Nutrition
- Radiation and health

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### **Secretarial support**

The work of the Council and its committees is supported by a professional scientific and supporting secretariat. The scientific staff, consisting of a mix of specialists and generalists, elaborates the topics in the work programme. Staff members consult experts, coordinate committee activities and write advisory texts. Among other things, this means that they support a national and international network of involved experts, draft starting memoranda and documents for discussion for committees and, if necessary, organise workshops. The secretariat also handles publication of advisory reports and other Health Council documents.

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## Advisory and monitoring reports

The Health Council reports both on ministerial or parliamentary request and on its own initiative. In the former situation, the council refers to the publication as a requested report, in the latter an unrequested report or, depending on the 'severity' of the report, a monitoring or horizon-scanning report. Both activities are part of the Health Council's legal task and may be found in its work programme.

Advisory reports make up the majority of publications. Most advisory requests are filed by the Ministers of Health, Welfare and Sport, but the Ministers of Housing, Spatial Planning and the Environment; Agriculture, Nature and Food Quality, and Social Affairs and Employment also frequently request advice. Due to the integration of the Advisory Council on Health Research into the Health Council, the Ministry of Education, Culture and Science has also become an important advice requesting party.

In addition to requested advisory reports, with which the Health Council supports Ministers in their policy development, the council also reports on scientific developments that may affect Government policy. This signalling occurs in cooperation with Dutch experts and international networks.

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## Graadmeter journal

The Health Council publishes four issues of *Graadmeter* each year. The journal contains information on published advisory reports and other publications, as well as questions and answers from Government officials. Additionally, *Graadmeter* publishes short contributions on national and international developments that are directly connected with the council's areas of attention.

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## Network and translations

International relations receive the publication *Network* twice yearly, keeping them updated on the council's activities. The advisory reports generally include an English executive summary. Insofar as finances permit, the secretariat also publishes a full English translation.

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### **Website**

The Health Council makes its publications available to interested parties in the Netherlands and internationally on its own website ([www.healthcouncil.nl](http://www.healthcouncil.nl), [www.gr.nl](http://www.gr.nl)).

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## Transition table

The table below outlines the social tasks the Ministry of Health, Welfare and Sports various topics in this work programme contribute to. The topics in chapters 5 and 6 are all focused on prevention and relate to the theme 'Living longer healthily'.

	Chapter 2	Chapter 3	Chapter 4	Chapter 7
Living longer healthily	4	1 t/m 12	1, 3, 4	
Anticipating changing care demands	1, 3, 8, 9, 10, 11			6, 7
Good and safe care	1, 2, 3, 5, 6, 7, 8, 9, 10, 11	1, 2, 4, 5	1	2, 3, 6, 7
Dealing with limits to care	8, 9, 10, 11	1, 9		3
Governance: clear roles and responsibilities				2, 3

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